

Camas Camp of Champs

Wrestling Camp

June 26-June 30

Cost: \$250.00 includes food and lodging, T-shirt, prizes, technique, drilling, live matches, duals, combative, live situations strength and conditioning, games, swimming, guest speakers and leadership skills.

Where: Camas Recreational Center on the Kalispel Indian Grounds in Usk, Washington. Athletes will camp with their teammates at the POW WOW Grounds 1821 N. LeClerc Road #1 Cusick. WA 99119.

Questions Ask your head coach or contact Travis Hughes at 465-7376
Travis.hughes@mead354.org

Times: Check in will be June 26 noon-2pm. Camp will end June 30, 11 AM

Athlete Packing List

- ✓ Jacket
- ✓ Workout Gear (a lot!)
- ✓ Swimming shorts
- ✓ Running Shoes
- ✓ Tent
- ✓ Sleeping Bag
- ✓ Pillow
- ✓ Camp Chair
- ✓ Hygiene Supplies
- ✓ Clothes
- ✓ Water Bottle
- ✓ Spending Money
- ✓ Snacks/Cooler

• Optional

- ✓ Bike/Scooter
- ✓ Sleeping Pad

BRADART.CO

Registration Form and Waiver

Athlete Name and Cell Number: _____ Phone _____

SCHOOL NEXT YEAR: _____

GRADE NEXT YEAR: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

Email Address _____

Parent Name and Emergency Phone Number _____

Second Emergency Phone Number _____

T-SHIRT SIZE: (Adult): XXL XL L M S (Youth): L M

Medical Insurance Company _____

Group Number _____

Policy Number _____

By signing I hereby release Camas Camp of Champs and Mt. Spokane Wrestling Club from any and all liability and injuries or illness incurred while at the Camas Camp of Champs. In case of illness or injury incurred while at the Camas Camp of Champs, I authorize the said officials to act for me in any medical emergency, according to their best judgment. "As an athlete, I have also been informed that various skin conditions are very preventable in the sport of wrestling and while strong measure will be taken to prevent the spread of skin conditions such as ring worm, herpes, cold sores, etc., 100% prevention cannot be guaranteed. Further, I understand and have been informed that there is an assumption of risk when anyone participates in the sport of wrestling."

SIGNATURE (Parent or Guardian): _____ **DATE:** _____

Student Signature _____ **DATE:** _____

Checks should be made out to "Mt. Spokane Wrestling Club".

Send checks to: Travis Hughes Mt. Spokane High School – 6015 E. Mt. Spokane Park Drive – Mead, WA 99021